

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) A34093 PCT USA										
<div style="border: 1px solid black; padding: 2px; margin: 2px 0;">In re Application of <b>Philip Georgé Ellis</b></div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px; margin: 2px 0;"><div>Application Number <b>09/786,739</b></div><div>Filed <b>March 8, 2001</b></div></div> <div style="border: 1px solid black; padding: 2px; margin: 2px 0;">For <b>BUILDING FRAME AND METHOD OF</b> * see attached</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px; margin: 2px 0;"><div>Group Art Unit</div><div>Examiner</div></div>												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="width: 40%; text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ <b>720.00</b> OP \$ <b>1,440</b></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <b>720</b>.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <b>02-4377</b>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;"><p>October 15, 2001</p><p>_____ Date</p><p>PTO Reg No.: 46,192</p></div><div style="text-align: center;"> _____ Signature</div></div> <div style="text-align: center; margin-top: 10px;"><p><b>Alicia A. Russo</b></p><p>_____ Typed or printed name</p></div>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ <b>720.00</b> OP \$ <b>1,440</b>	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____											
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>												
<p><input type="checkbox"/> Total of _____ forms are submitted.</p>												